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certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or dire	OFFICERS AND I OFFICERS AND I P YEASMIN, SABINA 6226 SW 7TH STREET MARGATE FL 33068 VP PATWARY, DELWAR 400 NW 65TH AVE. #201 MARGATE FL 33068	Make Check Payer DIRECTORS Delete Delete Delete Delete	TITLE NAM STRE CITY	E E E T ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E E E T ADDRESS -ST-ZIP E E E E E T ADDRESS -ST-ZIP E E E E T ADDRESS -ST-ZIP E E E E T ADDRESS -ST-ZIP E E E E T ADDRESS	VP moshan	Trust	HANGES TO OFF	TICERS AND	Addec DIRECTORS Change Change Change Change	Addition Addition Addition